



Rep. Lou Lang

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1 AMENDMENT TO SENATE BILL 2147

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2147 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Department of Public Health Powers and  
5 Duties Law of the Civil Administrative Code of Illinois is  
6 amended by changing Section 2310-130 as follows:

7 (20 ILCS 2310/2310-130) (was 20 ILCS 2310/55.82)

8 Sec. 2310-130. Medicare or Medicaid certification fee;  
9 Health Care Facility and Program Survey Fund. To establish and  
10 charge a fee to any facility or program applying to be  
11 certified to participate in the Medicare program under Title  
12 XVIII of the federal Social Security Act or in the Medicaid  
13 program under Title XIX of the federal Social Security Act to  
14 cover the costs associated with the application, inspection,  
15 and survey of the facility or program and processing of the  
16 application. The Department shall establish the fee by rule,

1 and the fee shall be based only on those application,  
2 inspection, and survey and processing costs not reimbursed to  
3 the State by the federal government. The fee shall be paid by  
4 the facility or program before the application is processed.

5 The fees received by the Department under this Section  
6 shall be deposited into the Health Care Facility and Program  
7 Survey Fund, which is hereby created as a special fund in the  
8 State treasury. Moneys in the Fund shall be appropriated to the  
9 Department and may be used for any costs incurred by the  
10 Department, including personnel costs, in the processing of  
11 applications for Medicare or Medicaid certification.

12 Beginning July 1, 2011, the Department shall employ a  
13 minimum of one surveyor for every 500 licensed long term care  
14 beds. Subject to a specific appropriation, but not earlier than

15 ~~Beginning~~ July 1, 2012, the Department shall employ a minimum  
16 of one surveyor for every 400 licensed long term care beds.  
17 Subject to a specific appropriation, but not earlier than

18 ~~Beginning~~ July 1, 2013, the Department shall employ a minimum  
19 of one surveyor for every 300 licensed long term care beds.

20 (Source: P.A. 96-1372, eff. 7-29-10.)

21 Section 10. The State Finance Act is amended by changing  
22 Section 5.589 as follows:

23 (30 ILCS 105/5.589)

24 Sec. 5.589. The ~~Equity in~~ Long-term Care Surveyor Quality

1 Fund.

2 (Source: P.A. 95-331, eff. 8-21-07; 96-1372, eff. 7-29-10.)

3 Section 15. The Equity in Long-term Care Quality Act is  
4 amended by changing the title of the Act and Sections 1 and 15  
5 as follows:

6 (30 ILCS 772/Act title)

7 An Act to create the ~~Equity in~~ Long-term Care Surveyor  
8 ~~Quality~~ Act.

9 (30 ILCS 772/1)

10 Sec. 1. Short title. This Act may be cited as the ~~Equity in~~  
11 Long-term Care Surveyor ~~Quality~~ Act.

12 (Source: P.A. 96-1372, eff. 7-29-10.)

13 (30 ILCS 772/15)

14 Sec. 15. ~~Equity in~~ Long-term Care Surveyor ~~Quality~~ Fund.

15 (a) There is created in the State treasury a special fund  
16 to be known as the ~~Equity in~~ Long-term Care Surveyor ~~Quality~~  
17 Fund. Fifty percent of all Grants shall be funded using federal  
18 civil monetary penalties collected and deposited into the Long  
19 Term Care Monitor/Receiver Fund established under the Nursing  
20 Home Care Act shall be transferred to the Long-term Care  
21 Surveyor Fund. Subject to appropriation, moneys in the Fund  
22 shall be used to pay for long-term care surveyors ~~improve the~~

1 ~~quality of nursing home care in areas without access to~~  
2 ~~high quality long term care.~~ Interest earned on moneys in the  
3 Fund shall be deposited into the Fund. All federal funds  
4 received as the result of expenditures from the Fund shall be  
5 paid into the Fund

6 (b) (Blank). ~~The Department may use no more than 10% of the~~  
7 ~~moneys deposited into the Fund in any year to administer the~~  
8 ~~program established by the Fund and to implement the~~  
9 ~~requirements of the Nursing Home Care Act with respect to~~  
10 ~~distressed facilities.~~

11 (Source: P.A. 96-1372, eff. 7-29-10.)

12 Section 20. The Nursing Home Care Act is amended by  
13 changing Sections 2-201.7, 3-113, 3-202.05, 3-103, 3-212,  
14 3-304.2, and 3-305 and by adding Section 3-304.2 as follows:

15 (210 ILCS 45/2-201.7)

16 Sec. 2-201.7. Expanded criminal history background check  
17 pilot program.

18 (a) The purpose of this Section is to establish a pilot  
19 program, subject to appropriation, based in Cook and Will  
20 counties in which an expanded criminal history background check  
21 screening process will be utilized to better identify residents  
22 of licensed long term care facilities who, because of their  
23 criminal histories, may pose a risk to other vulnerable  
24 residents.

1 (b) In this Section, "mixed population facility" means a  
2 facility that has more than 25 residents with a diagnosis of  
3 serious mental illness and residents 65 years of age or older.

4 (c) Every mixed population facility located in Cook County  
5 or Will County shall participate in the pilot program and shall  
6 employ expanded criminal history background check screening  
7 procedures for all residents admitted to the facility who are  
8 at least 18 years of age but less than 65 years of age. Under  
9 the pilot program, criminal history background checks required  
10 under this Act shall employ fingerprint-based criminal history  
11 record inquiries or comparably comprehensive name-based  
12 criminal history background checks. Fingerprint-based criminal  
13 history record inquiries shall be conducted pursuant to  
14 subsection (c-2) of Section 2-201.5. A Criminal History Report  
15 and an Identified Offender Report and Recommendation shall be  
16 completed pursuant to Section 2-201.6 if the results of the  
17 expanded criminal history background check reveal that a  
18 resident is an identified offender as defined in Section  
19 1-114.01.

20 (d) If an expanded criminal history background check  
21 reveals that a resident is an identified offender as defined in  
22 Section 1-114.01, the facility shall be notified within 72  
23 hours.

24 (e) The cost of the expanded criminal history background  
25 checks conducted pursuant to the pilot program shall not exceed  
26 \$50 per resident and shall be paid by the facility. The

1 Department of State Police shall implement all potential  
2 measures to minimize the cost of the expanded criminal history  
3 background checks to the participating long term care  
4 facilities.

5 (f) The pilot program shall run for a period of one year  
6 after the effective date of this amendatory Act of the 96th  
7 General Assembly. Promptly after the end of that one-year  
8 period, the Department shall report the results of the pilot  
9 program to the General Assembly.

10 (Source: P.A. 96-1372, eff. 7-29-10.)

11 (210 ILCS 45/3-103) (from Ch. 111 1/2, par. 4153-103)

12 Sec. 3-103. The procedure for obtaining a valid license  
13 shall be as follows:

14 (1) Application to operate a facility shall be made to  
15 the Department on forms furnished by the Department.

16 (2) All license applications shall be accompanied with  
17 an application fee. The fee for an annual license shall be  
18 \$995 ~~\$1,990~~. Facilities that pay a fee or assessment  
19 pursuant to Article V-C of the Illinois Public Aid Code  
20 shall be exempt from the license fee imposed under this  
21 item (2). The fee for a 2-year license shall be double the  
22 fee for the annual license. The fees collected shall be  
23 deposited with the State Treasurer into the Long Term Care  
24 Monitor/Receiver Fund, which has been created as a special  
25 fund in the State treasury. This special fund is to be used

1 by the Department for expenses related to the appointment  
2 of monitors and receivers as contained in Sections 3-501  
3 through 3-517 of this Act, for the enforcement of this Act,  
4 and for implementation of the Abuse Prevention Review Team  
5 Act. All federal moneys received as a result of  
6 expenditures from the Fund shall be deposited into the  
7 Fund. The Department may reduce or waive a penalty pursuant  
8 to Section 3-308 only if that action will not threaten the  
9 ability of the Department to meet the expenses required to  
10 be met by the Long Term Care Monitor/Receiver Fund. The  
11 application shall be under oath and the submission of false  
12 or misleading information shall be a Class A misdemeanor.  
13 The application shall contain the following information:

14 (a) The name and address of the applicant if an  
15 individual, and if a firm, partnership, or  
16 association, of every member thereof, and in the case  
17 of a corporation, the name and address thereof and of  
18 its officers and its registered agent, and in the case  
19 of a unit of local government, the name and address of  
20 its chief executive officer;

21 (b) The name and location of the facility for which  
22 a license is sought;

23 (c) The name of the person or persons under whose  
24 management or supervision the facility will be  
25 conducted;

26 (d) The number and type of residents for which

1 maintenance, personal care, or nursing is to be  
2 provided; and

3 (e) Such information relating to the number,  
4 experience, and training of the employees of the  
5 facility, any management agreements for the operation  
6 of the facility, and of the moral character of the  
7 applicant and employees as the Department may deem  
8 necessary.

9 (3) Each initial application shall be accompanied by a  
10 financial statement setting forth the financial condition  
11 of the applicant and by a statement from the unit of local  
12 government having zoning jurisdiction over the facility's  
13 location stating that the location of the facility is not  
14 in violation of a zoning ordinance. An initial application  
15 for a new facility shall be accompanied by a permit as  
16 required by the "Illinois Health Facilities Planning Act".  
17 After the application is approved, the applicant shall  
18 advise the Department every 6 months of any changes in the  
19 information originally provided in the application.

20 (4) Other information necessary to determine the  
21 identity and qualifications of an applicant to operate a  
22 facility in accordance with this Act shall be included in  
23 the application as required by the Department in  
24 regulations.

25 (Source: P.A. 96-758, eff. 8-25-09; 96-1372, eff. 7-29-10;  
26 96-1504, eff. 1-27-11; 96-1530, eff. 2-16-11; revised

1 2-23-11.)

2 (210 ILCS 45/3-113) (from Ch. 111 1/2, par. 4153-113)

3 Sec. 3-113. The license granted to the transferee shall be  
4 subject to the plan of correction submitted by the previous  
5 owner and approved by the Department and any conditions  
6 contained in a conditional license issued to the previous  
7 owner. If there are outstanding violations and no approved plan  
8 of correction has been implemented, the Department may issue a  
9 conditional license and plan of correction as provided in  
10 Sections 3-311 through 3-317. ~~The license granted to a~~  
11 ~~transferee for a facility that is in receivership shall be~~  
12 ~~subject to any contractual obligations assumed by a grantee~~  
13 ~~under the Equity in Long term Care Quality Act and to the plan~~  
14 ~~submitted by the receiver for continuing and increasing~~  
15 ~~adherence to best practices in providing high quality nursing~~  
16 ~~home care, unless the grant is repaid, under conditions to be~~  
17 ~~determined by rule by the Department in its administration of~~  
18 ~~the Equity in Long term Care Quality Act.~~

19 (Source: P.A. 96-1372, eff. 7-29-10.)

20 (210 ILCS 45/3-202.05)

21 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and  
22 thereafter.

23 (a) For the purpose of computing staff to resident ratios,  
24 direct care staff shall include:

- 1 (1) registered nurses;
- 2 (2) licensed practical nurses;
- 3 (3) certified nurse assistants;
- 4 (4) psychiatric services rehabilitation aides;
- 5 (5) rehabilitation and therapy aides;
- 6 (6) psychiatric services rehabilitation coordinators;
- 7 (7) assistant directors of nursing;
- 8 (8) 50% of the Director of Nurses' time; and
- 9 (9) 30% of the Social Services Directors' time.

10 The Department shall, by rule, allow certain facilities  
11 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart  
12 S) and 300.6000 and following (Subpart T) to utilize  
13 specialized clinical staff, as defined in rules, to count  
14 towards the staffing ratios.

15 (b) Beginning January 1, 2011, and thereafter, light  
16 intermediate care shall be staffed at the same staffing ratio  
17 as intermediate care.

18 (c) Facilities shall notify the Department within 60 days  
19 after the effective date of this amendatory Act of the 96th  
20 General Assembly, in a form and manner prescribed by the  
21 Department, of the staffing ratios in effect on the effective  
22 date of this amendatory Act of the 96th General Assembly for  
23 both intermediate and skilled care and the number of residents  
24 receiving each level of care.

25 (d) (1) Effective July 1, 2010, for each resident needing  
26 skilled care, a minimum staffing ratio of 2.5 hours of nursing

1 and personal care each day must be provided; for each resident  
2 needing intermediate care, 1.7 hours of nursing and personal  
3 care each day must be provided.

4 (2) Effective January 1, 2011, the minimum staffing ratios  
5 shall be increased to 2.7 hours of nursing and personal care  
6 each day for a resident needing skilled care and 1.9 hours of  
7 nursing and personal care each day for a resident needing  
8 intermediate care.

9 (3) Effective January 1, 2013 ~~2012~~, the minimum staffing  
10 ratios shall be increased to 3.0 hours of nursing and personal  
11 care each day for a resident needing skilled care and 2.1 hours  
12 of nursing and personal care each day for a resident needing  
13 intermediate care.

14 (4) Effective January 1, 2014 ~~2013~~, the minimum staffing  
15 ratios shall be increased to 3.4 hours of nursing and personal  
16 care each day for a resident needing skilled care and 2.3 hours  
17 of nursing and personal care each day for a resident needing  
18 intermediate care.

19 (5) Effective January 1, 2015 ~~2014~~, the minimum staffing  
20 ratios shall be increased to 3.8 hours of nursing and personal  
21 care each day for a resident needing skilled care and 2.5 hours  
22 of nursing and personal care each day for a resident needing  
23 intermediate care.

24 (e) The staffing increases set forth in paragraphs (3),  
25 (4), and (5) of subsection (d) of this Section shall not take  
26 effect until (i) the methodologies contained in Section 5-5.4

1 of the Illinois Public Aid Code are approved by the federal  
2 government in an appropriate State Plan amendment and (ii) the  
3 assessment imposed by Section 5B-2 of the Illinois Public Aid  
4 Code is determined to be a permissible tax under Title XIX of  
5 the Social Security Act.

6 (f) The Department shall establish a methodology for  
7 determining the number of direct care hours that must be  
8 provided to a resident by a registered nurse based on the care  
9 needs of the resident.

10 (Source: P.A. 96-1372, eff. 7-29-10; 96-1504, eff. 1-27-11.)

11 (210 ILCS 45/3-212) (from Ch. 111 1/2, par. 4153-212)  
12 Sec. 3-212. Inspection.

13 (a) The Department, whenever it deems necessary in  
14 accordance with subsection (b), shall inspect, survey and  
15 evaluate every facility to determine compliance with  
16 applicable licensure requirements and standards. Submission of  
17 a facility's current Consumer Choice Information Report  
18 required by Section 2-214 shall be verified at time of  
19 inspection. An inspection should occur within 120 days prior to  
20 license renewal. The Department may periodically visit a  
21 facility for the purpose of consultation. An inspection,  
22 survey, or evaluation, other than an inspection of financial  
23 records, shall be conducted without prior notice to the  
24 facility. A visit for the sole purpose of consultation may be  
25 announced. The Department shall provide training to surveyors

1 about the appropriate assessment, care planning, and care of  
2 persons with mental illness (other than Alzheimer's disease or  
3 related disorders) to enable its surveyors to determine whether  
4 a facility is complying with State and federal requirements  
5 about the assessment, care planning, and care of those persons.

6 (a-1) An employee of a State or unit of local government  
7 agency charged with inspecting, surveying, and evaluating  
8 facilities who directly or indirectly gives prior notice of an  
9 inspection, survey, or evaluation, other than an inspection of  
10 financial records, to a facility or to an employee of a  
11 facility is guilty of a Class A misdemeanor.

12 An inspector or an employee of the Department who  
13 intentionally prenotifies a facility, orally or in writing, of  
14 a pending complaint investigation or inspection shall be guilty  
15 of a Class A misdemeanor. Superiors of persons who have  
16 prenotified a facility shall be subject to the same penalties,  
17 if they have knowingly allowed the prenotification. A person  
18 found guilty of prenotifying a facility shall be subject to  
19 disciplinary action by his or her employer.

20 If the Department has a good faith belief, based upon  
21 information that comes to its attention, that a violation of  
22 this subsection has occurred, it must file a complaint with the  
23 Attorney General or the State's Attorney in the county where  
24 the violation took place within 30 days after discovery of the  
25 information.

26 (a-2) An employee of a State or unit of local government

1 agency charged with inspecting, surveying, or evaluating  
2 facilities who willfully profits from violating the  
3 confidentiality of the inspection, survey, or evaluation  
4 process shall be guilty of a Class 4 felony and that conduct  
5 shall be deemed unprofessional conduct that may subject a  
6 person to loss of his or her professional license. An action to  
7 prosecute a person for violating this subsection (a-2) may be  
8 brought by either the Attorney General or the State's Attorney  
9 in the county where the violation took place.

10 (b) In determining whether to make more than the required  
11 number of unannounced inspections, surveys and evaluations of a  
12 facility the Department shall consider one or more of the  
13 following: previous inspection reports; the facility's history  
14 of compliance with standards, rules and regulations  
15 promulgated under this Act and correction of violations,  
16 penalties or other enforcement actions; the number and severity  
17 of complaints received about the facility; any allegations of  
18 resident abuse or neglect; weather conditions; health  
19 emergencies; other reasonable belief that deficiencies exist.

20 (b-1) The Department shall not be required to determine  
21 whether a facility certified to participate in the Medicare  
22 program under Title XVIII of the Social Security Act, or the  
23 Medicaid program under Title XIX of the Social Security Act,  
24 and which the Department determines by inspection under this  
25 Section or under Section 3-702 of this Act to be in compliance  
26 with the certification requirements of Title XVIII or XIX, is

1 in compliance with any requirement of this Act that is less  
2 stringent than or duplicates a federal certification  
3 requirement. In accordance with subsection (a) of this Section  
4 or subsection (d) of Section 3-702, the Department shall  
5 determine whether a certified facility is in compliance with  
6 requirements of this Act that exceed federal certification  
7 requirements. If a certified facility is found to be out of  
8 compliance with federal certification requirements, the  
9 results of an inspection conducted pursuant to Title XVIII or  
10 XIX of the Social Security Act may be used as the basis for  
11 enforcement remedies authorized and commenced, with the  
12 Department's discretion to evaluate whether penalties are  
13 warranted, under this Act. Enforcement of this Act against a  
14 certified facility shall be commenced pursuant to the  
15 requirements of this Act, unless enforcement remedies sought  
16 pursuant to Title XVIII or XIX of the Social Security Act  
17 exceed those authorized by this Act. As used in this  
18 subsection, "enforcement remedy" means a sanction for  
19 violating a federal certification requirement or this Act.

20 (c) Upon completion of each inspection, survey and  
21 evaluation, the appropriate Department personnel who conducted  
22 the inspection, survey or evaluation shall submit a copy of  
23 their report to the licensee upon exiting the facility, and  
24 shall submit the actual report to the appropriate regional  
25 office of the Department. Such report and any recommendations  
26 for action by the Department under this Act shall be

1 transmitted to the appropriate offices of the associate  
2 director of the Department, together with related comments or  
3 documentation provided by the licensee which may refute  
4 findings in the report, which explain extenuating  
5 circumstances that the facility could not reasonably have  
6 prevented, or which indicate methods and timetables for  
7 correction of deficiencies described in the report. Without  
8 affecting the application of subsection (a) of Section 3-303,  
9 any documentation or comments of the licensee shall be provided  
10 within 10 days of receipt of the copy of the report. Such  
11 report shall recommend to the Director appropriate action under  
12 this Act with respect to findings against a facility. The  
13 Director shall then determine whether the report's findings  
14 constitute a violation or violations of which the facility must  
15 be given notice. Such determination shall be based upon the  
16 severity of the finding, the danger posed to resident health  
17 and safety, the comments and documentation provided by the  
18 facility, the diligence and efforts to correct deficiencies,  
19 correction of the reported deficiencies, the frequency and  
20 duration of similar findings in previous reports and the  
21 facility's general inspection history. Violations shall be  
22 determined under this subsection no later than 60 ~~90~~ days after  
23 completion of each inspection, survey and evaluation.

24 (d) The Department shall maintain all inspection, survey  
25 and evaluation reports for at least 5 years in a manner  
26 accessible to and understandable by the public.

1 (e) Revisit surveys. The Department shall conduct a revisit  
2 to its licensure and certification surveys, consistent with  
3 federal regulations and guidelines.

4 (Source: P.A. 95-823, eff. 1-1-09; 96-1372, eff. 7-29-10.)

5 (210 ILCS 45/3-304.2)

6 Sec. 3-304.2. Designation of distressed facilities.

7 (a) By May 1, 2011, and quarterly thereafter, the  
8 Department shall generate and publish quarterly a list of  
9 distressed facilities. Criteria for inclusion of certified  
10 facilities on the list shall be those used by the U.S. General  
11 Accounting Office in report 9-689, until such time as the  
12 Department by rule modifies the criteria.

13 (b) In deciding whether and how to modify the criteria used  
14 by the General Accounting Office, the Department shall complete  
15 a test run of any substitute criteria to determine their  
16 reliability by comparing the number of facilities identified as  
17 distressed against the number of distressed facilities  
18 generated using the criteria contained in the General  
19 Accounting Office report. The Department may not adopt  
20 substitute criteria that generate fewer facilities with a  
21 distressed designation than are produced by the General  
22 Accounting Office criteria during the test run.

23 (c) The Department shall, by rule, adopt criteria to  
24 identify non-Medicaid-certified facilities that are distressed  
25 and shall publish this list quarterly beginning October 1,

1 2011.

2 (d) The Department shall notify each facility of its  
3 distressed designation, and of the calculation on which it is  
4 based.

5 (e) A distressed facility may contract with an independent  
6 consultant meeting criteria established by the Department. If  
7 the distressed facility does not seek the assistance of an  
8 independent consultant, the Department shall place a monitor or  
9 a temporary manager in the facility, depending on the  
10 Department's assessment of the condition of the facility.

11 (f) Independent consultant. A facility that has been  
12 designated a distressed facility may contract with an  
13 independent consultant to develop and assist in the  
14 implementation of a plan of improvement to bring and keep the  
15 facility in compliance with this Act and, if applicable, with  
16 federal certification requirements. A facility that contracts  
17 with an independent consultant shall have 90 days to develop a  
18 plan of improvement and demonstrate a good faith effort at  
19 implementation, and another 90 days to achieve compliance and  
20 take whatever additional actions are called for in the  
21 improvement plan to maintain compliance. A facility that the  
22 Department determines has a plan of improvement likely to bring  
23 and keep the facility in compliance and that has demonstrated  
24 good faith efforts at implementation within the first 90 days  
25 may be eligible to receive a grant under the Equity in  
26 Long-term Care Quality Act to assist it in achieving and

1 maintaining compliance. In this subsection, "independent"  
2 consultant means an individual who has no professional or  
3 financial relationship with the facility, any person with a  
4 reportable ownership interest in the facility, or any related  
5 parties. In this subsection, "related parties" has the meaning  
6 attributed to it in the instructions for completing Medicaid  
7 cost reports.

8 (f) Monitor and temporary managers. A distressed facility  
9 that does not contract with a consultant shall be assigned a  
10 monitor or a temporary manager at the Department's discretion.  
11 The cost of the temporary manager shall be paid by the  
12 facility. The temporary manager shall have the authority  
13 determined by the Department, which may grant the temporary  
14 manager any or all of the authority a court may grant a  
15 receiver. The temporary manager may apply to the Equity in  
16 Long-term Care Quality Fund for grant funds to implement the  
17 plan of improvement.

18 (g) The Department shall by rule establish a mentor program  
19 for owners of distressed facilities.

20 (h) The Department shall by rule establish sanctions (in  
21 addition to those authorized elsewhere in this Article) against  
22 distressed facilities that are not in compliance with this Act  
23 and (if applicable) with federal certification requirements.  
24 Criteria for imposing sanctions shall take into account a  
25 facility's actions to address the violations and deficiencies  
26 that caused its designation as a distressed facility, and its

1 compliance with this Act and with federal certification  
2 requirements (if applicable), subsequent to its designation as  
3 a distressed facility, including mandatory revocations if  
4 criteria can be agreed upon by the Department, resident  
5 advocates, and representatives of the nursing home profession.  
6 By February 1, 2011, the Department shall report to the General  
7 Assembly on the results of negotiations about creating criteria  
8 for mandatory license revocations of distressed facilities and  
9 make recommendations about any statutory changes it believes  
10 are appropriate to protect the health, safety, and welfare of  
11 nursing home residents.

12 (i) The Department may establish by rule criteria for  
13 restricting the owner of a facility on the distressed list from  
14 acquiring additional skilled nursing facilities.

15 (j) Implementation of this Section and any other Sections  
16 of this Act referencing distressed facilities shall be placed  
17 on hold pending a specific appropriation to cover the cost of  
18 developing and maintaining a State-specific rating system and  
19 all ordinary and contingent expenses associated with full  
20 implementation of this Section.

21 (Source: P.A. 96-1372, eff. 7-29-10.)

22 (210 ILCS 45/3-305) (from Ch. 111 1/2, par. 4153-305)

23 Sec. 3-305. The license of a facility which is in violation  
24 of this Act or any rule adopted thereunder may be subject to  
25 the penalties or fines levied by the Department as specified in

1 this Section.

2 (1) A licensee who commits a Type "AA" violation as defined  
3 in Section 1-128.5 is automatically issued a conditional  
4 license for a period of 6 months to coincide with an acceptable  
5 plan of correction and assessed a fine up to \$10,000 ~~\$25,000~~  
6 per violation.

7 (1.5) A licensee who commits a Type "A" violation as  
8 defined in Section 1-129 is automatically issued a conditional  
9 license for a period of 6 months to coincide with an acceptable  
10 plan of correction and assessed a fine of up to \$5,000 ~~\$12,500~~  
11 per violation.

12 (2) A licensee who commits a Type "B" violation as defined  
13 in Section 1-130 shall be assessed a fine of up to \$500 ~~\$1,100~~  
14 per violation.

15 (2.5) (Blank). ~~A licensee who commits 10 or more Type "C"~~  
16 ~~violations, as defined in Section 1-132, in a single survey~~  
17 ~~shall be assessed a fine of up to \$250 per violation. A~~  
18 ~~licensee who commits one or more Type "C" violations with a~~  
19 ~~high risk designation, as defined by rule, shall be assessed a~~  
20 ~~fine of up to \$500 per violation.~~

21 (3) A licensee who commits a Type "AA" or Type "A"  
22 violation as defined in Section 1-128.5 or 1-129 which  
23 continues beyond the time specified in paragraph (a) of Section  
24 3-303 which is cited as a repeat violation shall have its  
25 license revoked and shall be assessed a fine of 3 times the  
26 fine computed per resident per day under subsection (1).

1           (4) A licensee who fails to satisfactorily comply with an  
2 accepted plan of correction for a Type "B" violation or an  
3 administrative warning issued pursuant to Sections 3-401  
4 through 3-413 or the rules promulgated thereunder shall be  
5 automatically issued a conditional license for a period of not  
6 less than 6 months. A second or subsequent acceptable plan of  
7 correction shall be filed. A fine shall be assessed in  
8 accordance with subsection (2) when cited for the repeat  
9 violation. This fine shall be computed for all days of the  
10 violation, including the duration of the first plan of  
11 correction compliance time.

12           (5) For the purpose of computing a penalty under  
13 subsections (2) through (4), the number of residents per day  
14 shall be based on the average number of residents in the  
15 facility during the 30 days preceding the discovery of the  
16 violation.

17           (6) When the Department finds that a provision of Article  
18 II has been violated with regard to a particular resident, the  
19 Department shall issue an order requiring the facility to  
20 reimburse the resident for injuries incurred, or \$100,  
21 whichever is greater. In the case of a violation involving any  
22 action other than theft of money belonging to a resident,  
23 reimbursement shall be ordered only if a provision of Article  
24 II has been violated with regard to that or any other resident  
25 of the facility within the 2 years immediately preceding the  
26 violation in question.

1           (7) For purposes of assessing fines under this Section, a  
2 repeat violation shall be a violation which has been cited  
3 during one inspection of the facility for which an accepted  
4 plan of correction was not complied with or a new citation of  
5 the same rule if the licensee is not substantially addressing  
6 the issue routinely throughout the facility.

7           (7.5) If an occurrence results in more than one type of  
8 violation as defined in this Act (that is, a Type "AA", Type  
9 "A", Type "B", or Type "C" violation), the maximum fine that  
10 may be assessed for that occurrence is the maximum fine that  
11 may be assessed for the most serious type of violation charged.  
12 For purposes of the preceding sentence, a Type "AA" violation  
13 is the most serious type of violation that may be charged,  
14 followed by a Type "A", Type "B", or Type "C" violation, in  
15 that order.

16           (8) The minimum and maximum fines that may be assessed  
17 pursuant to this Section shall be twice those otherwise  
18 specified for any facility that willfully makes a misstatement  
19 of fact to the Department, or willfully fails to make a  
20 required notification to the Department, if that misstatement  
21 or failure delays the start of a surveyor or impedes a survey.

22           (9) High risk designation. If the Department finds that a  
23 facility has violated a provision of the Illinois  
24 Administrative Code that has a high risk designation, or that a  
25 facility has violated the same provision of the Illinois  
26 Administrative Code 3 or more times in the previous 12 months,

1 the Department may assess a fine of up to 2 times the maximum  
2 fine otherwise allowed.

3 (10) If a licensee has paid a civil monetary penalty  
4 imposed pursuant to the Medicare and Medicaid Certification  
5 Program for the equivalent federal violation giving rise to a  
6 fine under this Section, the Department shall offset the fine  
7 by the amount of the civil monetary penalty. The offset may not  
8 reduce the fine by more than 75% of the original fine, however.  
9 (Source: P.A. 96-1372, eff. 7-29-10.)

10 (30 ILCS 772/5 rep.)

11 (30 ILCS 772/10 rep.)

12 (30 ILCS 772/20 rep.)

13 Section 90. The Equity in Long-term Care Quality Act is  
14 amended by repealing Sections 5, 10, and 20."